

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 206

Primary Registration District No. 3042

Registrar's No. 67

63-020764
STATE FILE NUMBER

FILED JUN 12 1963

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>FREDERICKTOWN</u>		c. CITY OR TOWN <u>FARMINGTON</u>	
Length of stay in 1b <u>17 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Madison Co. Memorial Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>Rural Route 1</u>	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>LESTER</u> Last <u>QUINTON</u>		4. DATE OF DEATH Month <u>JUNE</u> Day <u>4</u> Year <u>1963</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-10-1907</u>
9. AGE (last birthday) <u>56</u>		10. IF UNDER 1 YEAR Months <u>4</u> Days <u>1</u> Hours <u>1</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LEAD MINER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	
11. BIRTHPLACE (City and state or country) <u>MARQUAND, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Robert L. Quinton</u>		13b. MOTHER'S MAIDEN NAME <u>Edith WATKINS</u>	
14. NAME OF HUSBAND OR WIFE <u>BEULAH QUINTON</u>		Address <u>Rural Route 1, Farmington, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
17. INFORMANT <u>Mrs. Beulah Quinton</u>		Address <u>Rural Route 1, Farmington, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ca of distal lft ventr P.O. recurrence</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____			
DUE TO (c) _____			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>10:55</u> a.m. <u>pm</u>	Month, Day, Year		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <u>Oct, 1959</u> to <u>June 4, 1963</u> and last saw her <u>live</u> on <u>June 4, 1963</u> Death occurred at <u>1055 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>George L. White</u>		(Degree or title) <u>ImQ</u>		22b. ADDRESS <u>Farmington Mo.</u>		22c. DATE SIGNED <u>6-6-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>6-7-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>CHRISTIAN CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>FREDERICKTOWN, MO.</u>	

24. FUNERAL DIRECTOR <u>SAM NAJIM, Jr.</u>		ADDRESS <u>Fredencktown, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>6-6-1963</u>		26. REGISTRAR'S SIGNATURE <u>Florence Nickle</u>	
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(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FEB 4 1964

JUN 13 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Robert Serbaugh Student Embalmer No. 702
working under my personal supervision?

Student Robert Serbaugh Signed Sam Sajim, Jr.
Signature of Student Embalmer

Licensed Embalmer No. 4299

P. O. Address Fredericktown, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.